

Iowa CASA Pre-Service Training

Iowa Child Advocacy Board

Module 5

Practicing the CASA Role: Diversity and Families

In-person



Learning Outcomes

The participants will:

- Describe how the child welfare system uses a family strength and resource lens approach.
- Identify and analyze their values and recognize the need to be objective.
- Recognize how major factors that impact family culture are risk factors for abuse and neglect of children.
- Develop a plan to gather information on a case.
- Practice outlining key features of family and individual strengths, case concerns, and recommendations for preliminary CASA Report to the Court.



Agenda

1. Welcome, Introductions and Learning Outcomes
2. Strengths of Children and Families Using Strength-Based Lens
3. Understanding Cultural Diversity
4. Identifying Values
5. Major Issues Impacting Cases
6. Successfully Gathering Information/Interviewing/Asking Questions
7. Other Advocate Responsibilities
8. Outline Permanency, Making Recommendations and Preparation for Module 6 Training
9. Wrap Up and Evaluation

Introduction

This pre-service training continues to provide you the opportunity to acquire the skills, knowledge, and attitudes needed to be a CASA Advocate for children.

The purpose of today's session is to build upon the concepts discussed in Module 3 and 4 and skills practiced in Module 4. We will incorporate the importance of gaining a greater understanding of the family and child-related factors using a strength-based, non-biased lens. In addition, how cultural humility and system issues impact the advocacy role will be explored. As we practice our skills, we will demonstrate the four key roles of the CASA Advocate: to Investigate, Facilitate, Monitor, and Advocate.

During this session the Advocate will practice understanding the issues of the Case Study and how to use the CASA Report to the Court to advocate for the best interest of the child.

CASA Advocate pre-service training focuses on the importance of permanency and child safety and well-being. In order to effectively advocate for reunification, it is critical that we address the protective factors and risk factors that exists in families.

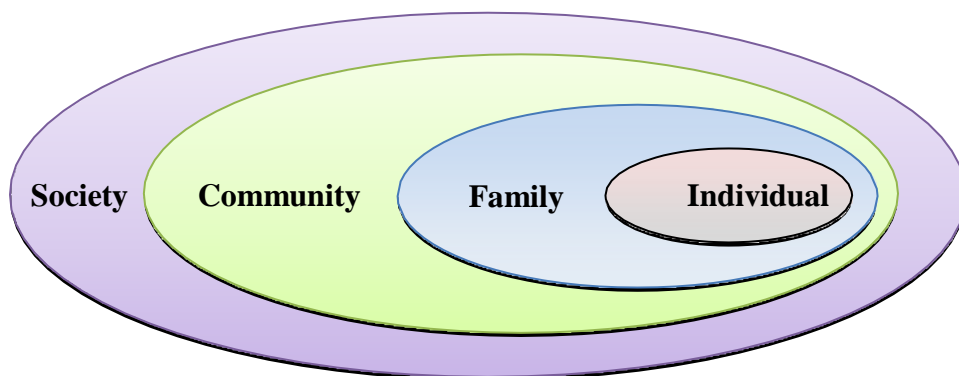
By working collaboratively with others, we can impact and improve children and families' protective factors such as building upon the strengths of resiliency and using the lens of family culture as a resource. Simultaneously, we can decrease risk factors such as parental substance use and interferences in parental capacities from mental health issues.



Protective Factors

Most theories of child maltreatment recognize that the root causes can be organized into a framework of four principal systems: (1) the child, (2) the family, (3) the community, and (4) the society. Though children are not responsible for the abuse inflicted upon them, certain characteristics in these four systems have been found to increase the risk or potential for maltreatment.

Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families. They are attributes that serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. There is growing interest in understanding the complex ways in which these risk and protective factors interact, within the context of a child's family, community, and society, to affect both the incidence and consequences of abuse and neglect.



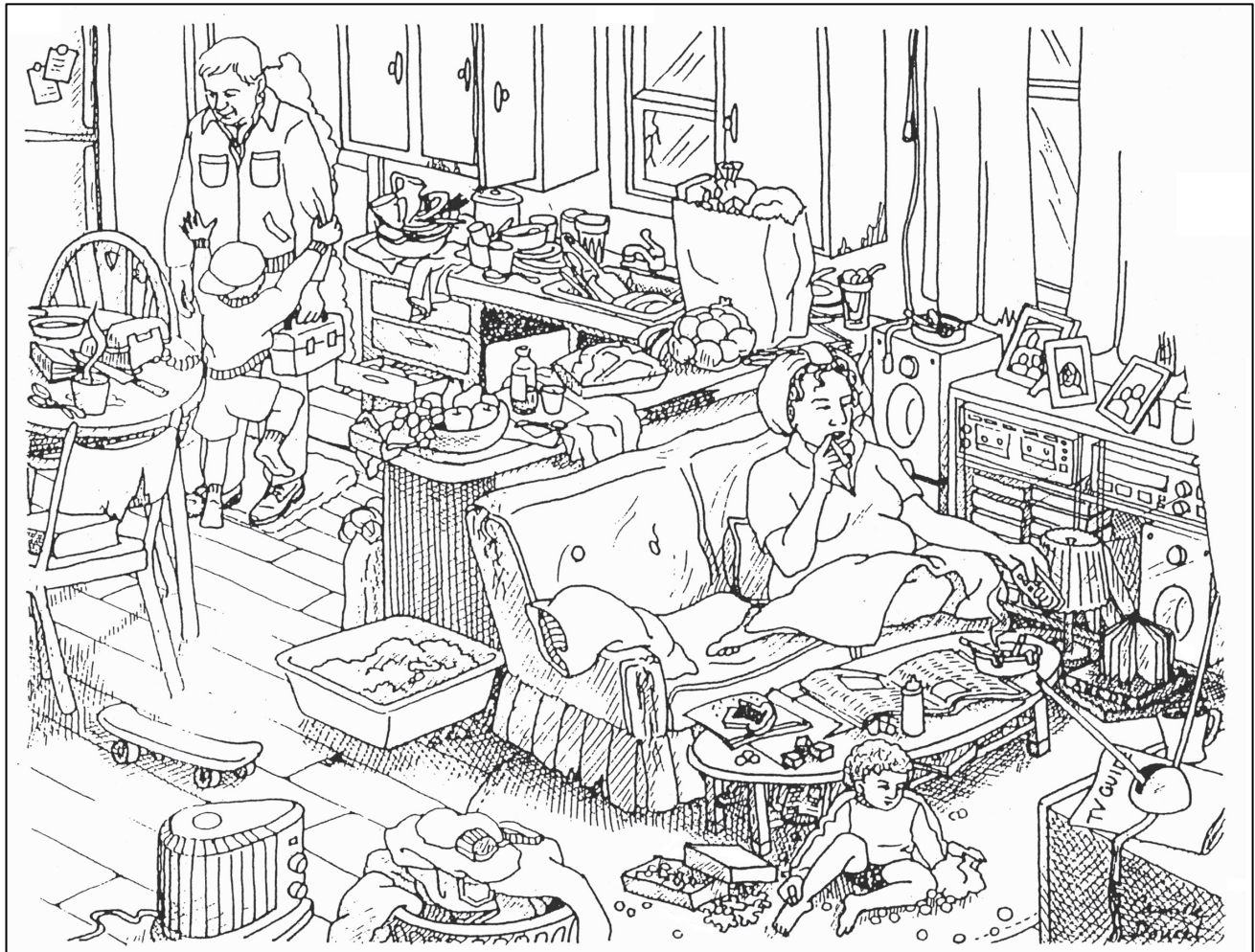
As risk and protective factors are often interrelated within families, the strengths-based intervention approach aims to address multiple risk and protective factors, rather than focus on a single factor. In a strengths-based intervention approach that focuses on building protective factors, parents themselves can identify and build on their own strengths to help enhance their parenting capacity and reduce the risk or potential for maltreatment.

We will take a closer look at the multiple risk and protective factors for families throughout this training session.

After you are sworn in as an Advocate, you will be offered in-service training opportunities that address community and societal protective and risk factors.

Understanding Child Welfare and Personal Perspectives

Activity: Cartoon from Module 3



Used with permission from the artist, Camille Doucet

Additional ideas of family strengths observed in the picture:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.



The Critical Importance of Using a Strength-Based Lens.

It is critical to look at a family through a “resource” lens, and focus on identifying the strengths. If you look through a “deficit” lens, the focus is on the problems. *All families have strengths and weaknesses.*

DHS and Court best practices call for using a strength-based lens.

Seeing the Strengths & Resources in Families

If I look through a RESOURCE lens, I am likely to:	If I look through a DEFICIT lens, I am likely to:
Look for positive aspects	Look for negative aspects
Empower families	Take control or rescue
Create options	Give ultimatums or advice
Listen	Tell
Focus on strengths	Focus on problems
Put the responsibility on the family	See the family as incapable
Acknowledge progress	Wait for the finished product
See the family as expert	See service providers as experts
See the family invested in change	Impose change or limits
Help identify resources	Expect inaction or failure
Avoid labeling	Label
Inspire with hope	Deflate the family's hope

Your ability to identify strengths in families depends partially on which lens—the resource lens or the deficit lens—you use in your work with families. The lens you choose will also influence your work with others involved in the case.

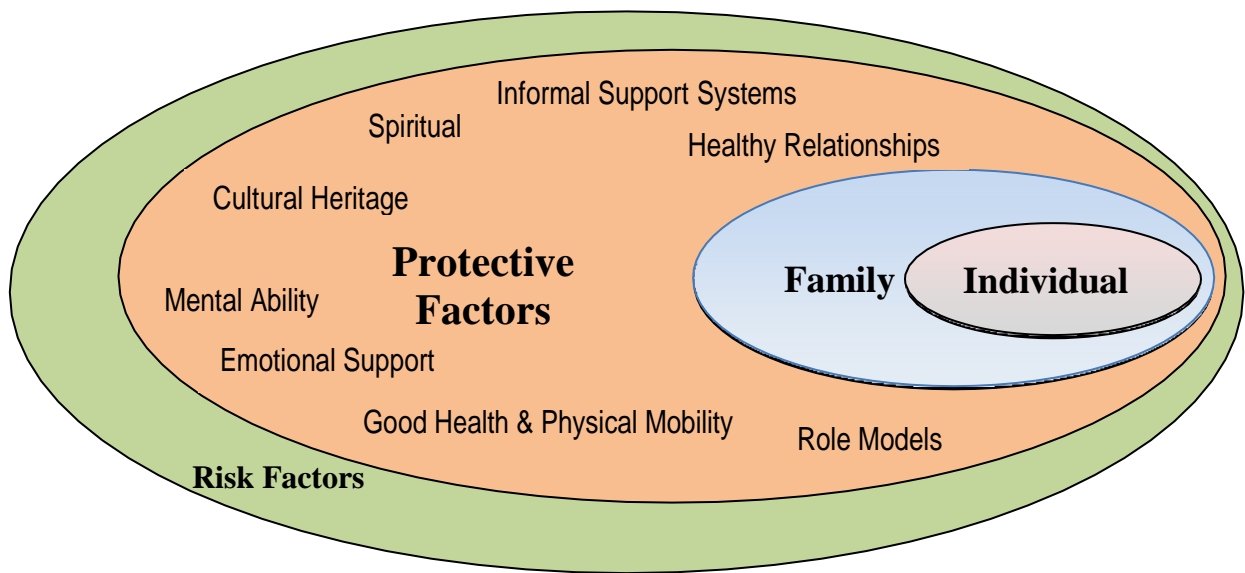
As an Advocate, the following questions can be asked when using the resource lens to assess a family:

- How has this family solved problems in the past?
- What court-ordered activities have family members completed?
- How are family members coping with their present circumstances?

Protective Factors of Families

All people use different protective factors such as skills, attitudes, beliefs, and individual and external resources to deal with stress and problems.

Material goods are one kind of resource, but some individuals and cultures prize other resources above material wealth. As you read in Module 3 other types of resources beyond financial or community agency resources might include:



- **Mental ability** allows a person to access and use information.
- **Cultural heritage** provides context, values and morals for living in the world.
- **Good health and physical mobility** allow for self-sufficiency.
- **Spiritual resources** give purpose and meaning to people's lives.
- **Healthy relationships** nurture and support.
- **Emotional resources** provide support and strength in difficult times.
- **Informal support systems** provide a safety net (e.g., money in tight times, care for a sick child, job advice).
- **Role models** provide appropriate examples of and practical advice on achieving success.

Those listed protective factors are conditions or attributes of individuals, families, communities, or the larger society that mitigate risk and promote healthy development and wellbeing. Put simply, they are the strengths that help to buffer and support families at risk. Risk factors refer to the stressful conditions, events, or circumstances (e.g., maternal depression, substance abuse, family violence, persistent poverty) that increase a family's chances for poor outcomes, including child abuse and neglect. Using a protective factors approach can be a positive way to engage families because it focuses on families' strengths, what they are doing right, and what resources they already have in their lives. Focusing exclusively on risk factors with families can leave families feeling stigmatized or unfairly judged.

As an Advocate:

Using a strength-based approach means acknowledging the resources that exist within a family (including extended family) and tapping into them.

While the Advocate may impact the financial status of a family through advocating for a referral to a program such as job training, it is far more likely that the Advocate's influence will be exerted to access other resources. For instance, you may identify a relative who can provide a temporary or permanent home for a child; you may help a parent reconnect with a past support system; or you may identify healthy adults who in the past were important to a child or family.

Why Advocate?

"Unless someone like you cares
a whole awful lot, Nothing is
going to get better. It's not."

- Dr. Seuss, *The Lorax*



The Strength of Cultural Diversity

In child advocacy work, we encounter a great deal of cultural diversity. Culture can be defined as a system of values, beliefs, attitudes, traditions, and standards of behavior that govern the organization of people into social groups and regulate both individual and group behavior. It includes the differences or variety in people's identities or experiences, such as ethnicity, race, national origin, language, gender, religion, ability, sexual orientation, and socioeconomic class. Critical aspects of an advocacy role include understanding and accepting differences in families and individuals and how various cultures support child safety, permanency and well-being in different ways. Court Appointed Special Advocates and the child welfare system need to view cultural differences as a celebrated strength in families and be understood as a resource to be used while addressing the underlying issues of the case.

The United States is becoming increasingly multicultural. According to 2013 Census information, approximately 30% of the population currently belongs to a racial or ethnic minority group. The Census Bureau projects that by the year 2100, non-Hispanic whites will make up only 40% of the US population.

Understanding issues related to diversity and culturally competent child advocacy is critical to your work as an Advocate. It can enhance your ability to see things from new and different perspectives and to respond to each child's unique needs. Developing cultural competence, or the ability to work effectively with people from a broad range of backgrounds, experiences, and viewpoints, is a lifelong process. The Child Advocacy Board encourages our Advocates to understand their starting point and be open to learning more about the key issues related to cultural awareness and are encouraged to continue in their diversity exploration.

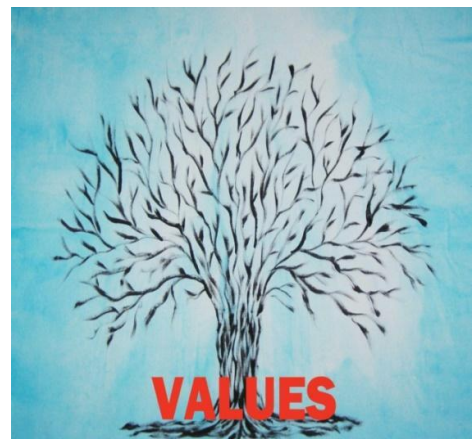
As you work through this information, keep in mind that family culture can mean a broad range of family experiences along with belonging in particular cultural groups.



Understanding Cultural Influences on Personal Values

Exploring the meaning and place of values in your personal work on behalf of children can assist you in seeing the range of values that other people hold and the variety of reasons people have for their beliefs. It also increases your understanding that people can hold values very different from yours and be equally thoughtful and caring in their reasoning. Even when individuals appear to have similar values, they may actually have very different perspectives and reasons for having them. These beliefs and attitudes shape how we define ourselves.

As an Advocate: your work cannot be free of values. You model your own and your community's values every day through your actions (and inaction). Almost all interactions transmit values in some way—for instance, through how you dress, move, relate to others, and communicate. As an Advocate, you need to examine how values may affect your interactions with the children and families with whom you work. You need to acknowledge the plurality of values in your community and demonstrate respect for this diversity.



Values can be divided into two groups: those that are universal and those that are not. Universal values are shared by an overwhelming majority of the community. Laws often reflect these values, but they are not the same things. Exploring your values and how they are similar to, or different from, the values of others is part of the Advocate's growth in becoming objective and apply the mindset of cultural humility.

Each child and each family is made up of a combination of cultural, familial, and personal traits and values. In working with families, you need to learn about an individual's or family's culture and values. When in doubt, ask the people you are working with. It might feel awkward at first, but learning how to ask questions respectfully is a vital skill to develop as you grow in cultural competence.

Once people understand that you sincerely want to learn and be respectful, they are usually very generous with their help. Developing cultural competence is a lifelong process through which you'll make some mistakes, get to know some wonderful people in deeper ways, and become a more effective Advocate.

How do we apply a strength based lens to our Myers Case Study?



Activity: Identifying Strengths as an Advocate:

Read through the entries on the ***Strengths in Families Worksheet*** Handout. As you read, consider the strengths of the Myers family.

In pairs, discuss the following questions:

- Which of the strengths listed are present in the family?
- If you don't know whether or not a particular strength exists in this family, how might you gather information to find out?



Activity: Outlining Strengths in the Myers Case

Part Two: Identifying Strengths for the CASA report

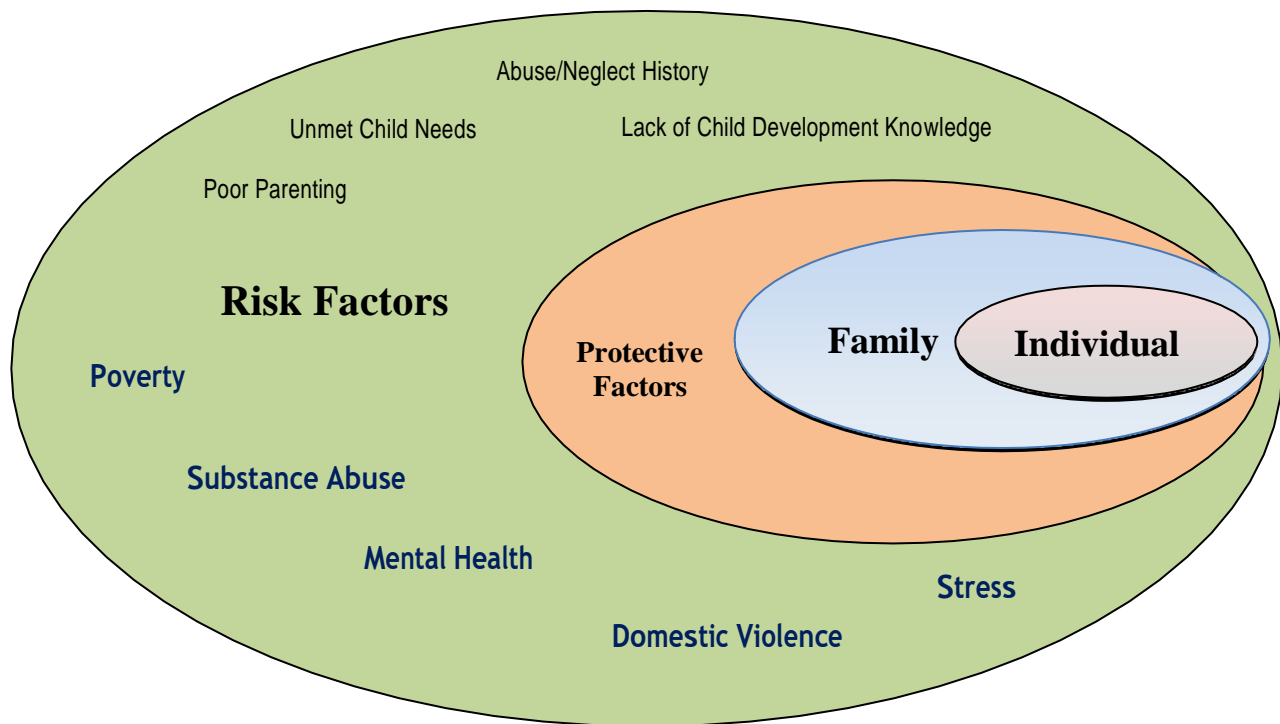
Using the Case Study documents outline on your **Advocate Action Plan** under **Strengths** section all the identified strengths present for the Myers family.

- Include any strength identified from the worksheet, any resources within individuals or within the family, or any culture related strengths evident in the Myers case.

As a large group we will discuss:

- What strengths did you identify as being present for the Myers Case?
- How would looking only at strengths, or only at deficits, affect your recommendations for this family?

Risk Factors Impacting Families



Multiple risk factors can affect the family culture, the children, the case plan, and the family's ability to progress towards reunification. They include Poverty, Substance Abuse and other addictions, Mental Health Issues, Domestic Violence and Stress. As you read through the material in Module 3, it's important to understand that our own personal experiences, stereotypes, biases, and assumptions about these issues will influence our ability to maintain objectivity about the case. We will take a closer look at how these very challenging and profound factors affect many of the families involved in the child welfare system.

Risk Factors Impacting Family

The Strengths from Surviving in Poverty?

Poverty can be a major factor that greatly defines how people live in the world. According to the Children's Defense Fund, at the end of 2013, more than 14.7 million US children (1:5) lived in poverty.

Activity: What Changes Would You Make?

Considering the federal poverty level for a single parent with two children in Iowa, assume you have just a bit over \$20,000 a year to live on. Imagine having to develop a monthly budget for \$1,680 that includes expenses for housing, utilities, food, clothing, transportation, entertainment, childcare, and medical expenses.

- What might a person need to give up, to survive with that level of income, meeting all of their children's needs?
- Consider how one change can influence and change other factors.
- Think about what strengths or abilities a person needs in order to live on \$20,000 a year.



Key Facts about American Children

There are many myths and stereotypes associated with being poor. To separate myths from reality, it is important to look at what we do know about children and poverty in the United States.

1 in 2 . . .

Will live in a single-parent family at some point in childhood
Never completes a single year of college

1 in 3 . . .

Is born to unmarried parents
Will be poor at some point during childhood
Is behind a year or more in school

1 in 4 . . .

Lives with only one parent
Lives in a family where no parent has full-time, year-round employment

1 in 5 . . .

Is born poor
Is born to a mother who did not graduate from high school
Children under age 3 is considered poor right now

1 in 6 . . .

Is poor now
Is born to a mother who did not receive prenatal care in the first three months of pregnancy

1 in 7 . . .

Never graduates from high school

1 in 8 . . .

Does not have health insurance
Has an employed person in the family but is still poor
Lives in a family receiving food stamps

1 in 9 . . .

Is born to a teenage mother

1 in 13 . . .

Will be arrested at least once before age 17

Why Are Poor Children More Likely to Be in the System?

The majority of children you will encounter as an Advocate will be living at or below the poverty level. Developing a better understanding of the realities of poverty will assist you in being a better Advocate. Keep in mind, knowing people's socioeconomic status—like knowing their race, ethnicity, or other group membership—does not necessarily mean you can predict their attitudes or behavior. However, knowing their socioeconomic status does help you better understand their life experience, specifically some of the hardships they face.

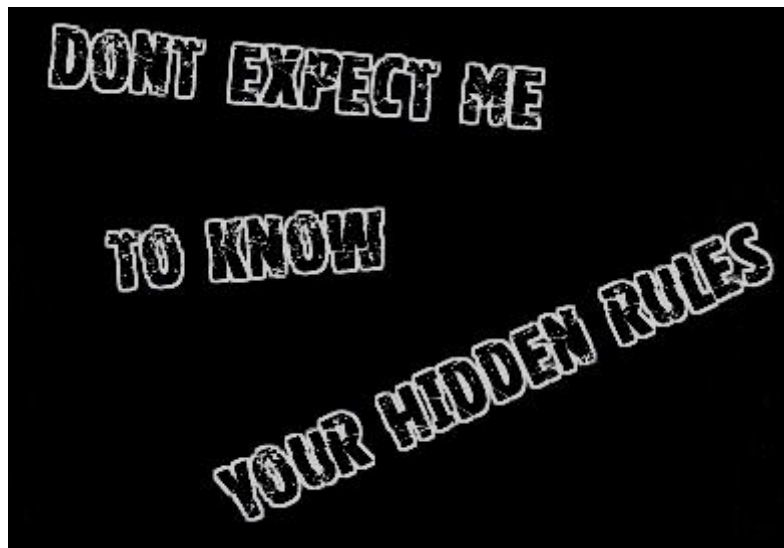
While abuse and neglect occur in families at all socioeconomic levels, poor children are more likely to come to the attention of the child protection system. This happens for a variety of reasons. One reason is that middle- and upper-income families have access to many more resources within their families than poor people do. Even though family crisis, including abuse, happens at all income levels, it is poor people who often have to turn to the system for support. For people living in poverty, initial contact with “the system” is usually for reasons other than abuse. The contact may be about accessing medical care, food stamps, housing, etc. Once this contact is initiated, these families are communicating with many “mandated reporters,” increasing the likelihood that issues of child maltreatment and neglect will be investigated.

Poverty can cause great stress in families. Because of this stress, poverty itself is a major risk factor of abuse, which increases the likelihood of both immediate and lasting negative effects on children. However, poverty is not a causal agent of abuse. Most poor parents do not abuse their children.

Children who live in poverty are far more likely to have both reports of abuse and substantiated incidents of abuse in their lives. While poverty is not the causal agent of the abuse, it is a risk factor.

Activity: Hidden Knowledge

- Read through the Hidden Knowledge handout and mark any item that you know as of today.
- As a group we will discuss how we learned that knowledge or skill.



As Advocates, we need to remember that the values that underlie the decisions made by families might be different than the values used by the child-welfare system in outlining case issues and behavioral goals.

What makes sense for one family may not make sense to "the system." Just because the line of thinking is different does not mean it's wrong.

The child welfare system becomes involved in a family's decision making when it has been determined that some decisions do not be meet a child's minimum sufficient level of care.

Substance Abuse

Key Points to Consider With Substance Abuse in the Family

In deciding whether a child can remain/return home to a family where substance abuse occurs, a number of factors should be weighed including:

- The parent's ability to function in a caregiver role.
- The child's health, development, and age.
- Parental history of alcohol, other drug abuse and substance abuse treatment.
- Safety of the home.
- Family supports.
- Available treatment resources.
- Treatment prognosis and/or length of sobriety.

A dilemma that often arises is the conflict between the legal mandate (and the child's need) for permanency (ASFA) and the long-term treatment (including inpatient treatment) that substance-abusing parents may need. If a parent is in treatment, consideration should be given to placing the child with the parent rather than in foster care. Although it is often the only available option, the child may feel punished when he/she is placed in foster care or away from the parent. The focus should be to support success in treatment, not to punish the parent by withholding the child.

As an Advocate: Consider the child's and parent's specific needs then make recommendations which might include:

- Thorough assessment with recommendations regarding treatment.
- Substance abuse/gambling treatment services (especially programs where the child can be with the parent, if appropriate).
- Home-based services to build family skills and safety measure in case of relapse.
- Services specific to children with parents who abuse substances.
- Relocation out of an environment where drug or alcohol use is pervasive.
- Financial assistance and childcare while parents are in treatment.
- Support services such as SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families), food stamps, job training, and child support.
- When a child is in foster care, frequent visitation with parents in a homelike atmosphere or a natural setting such as a park.
- For substance abusing domestic violence victims, assistance for the parent seeking to flee a domestic violence perpetrator: obtaining a protective order, securing alternative housing, and taking other necessary steps as they are more likely to remain sober away from the abuser.

Mental Health Issues

It is not your task to diagnose mental illness. However, it is important to be aware of warning signs or indicators that may affect the health or safety of the child, so that as an Advocate you can alert the child protective services caseworker about your concerns. How will you know mental illness when you see it? Your internal cues are your best initial indicators that something is “off” or “not right” about a person.

When you encounter resistance to a label, a diagnosis, or treatment, you will need to learn about whether ethnic or cultural considerations may be influencing that resistance. In some circumstances, the standards for research and definitions of health, illness, and treatment may not fully consider all ethnic and cultural factors involved and rely heavily on a white or middle-class perspective.

As an Advocate:

- You may be asked to assess whether reasonable efforts have been made for mental health treatment (culturally sensitive) and do the results allow the child to be safe in the parent’s care?
- If needed, identify the facts you have observed that cause you to believe a mental health concern exists and recommend a mental health assessment of a parent or child.
- You may request consultations with a parent’s or a child’s mental health care provider. Although the parent’s mental health care providers are ethically and legally required to maintain their client’s confidentiality, they may be willing—with their client’s permission—to talk with you about their perspective on the situation and any concerns you have. Your Coordinator/CASA Coach will be able to answer your questions about gaining access to this confidential information.

Domestic Violence

Children from violent homes are at a higher risk for abuse than other children. According to A Nation's Shame, a report compiled by the US Advisory Board on Child Abuse and Neglect, "Domestic violence is the single, major precursor to child abuse and neglect fatalities in the US."

Many professionals in the field of domestic violence believe that you cannot protect the child unless you also protect the primary nurturer/victim (usually the mother). As part of that perspective, they advocate for placement of the child with the mother regardless of other factors, saying that to do otherwise further victimizes the mother at the hands of the system. Others have the opposite view.

It may be that, with proper safeguards in place, the victim can make a safe home for the child while the threat from the batterer is reduced by absence, treatment, and/or legal penalties. It is also possible that the victim has shortcomings that prevent her from caring for her family at even a minimally sufficient level.

As an Advocate:

- Be both knowledgeable and concerned about domestic violence.
- Take into account the history and severity of family violence when making any recommendation for placement of a child.
- Determine the best interest of the child.
- You should assess the situation with a clear understanding of domestic violence dynamics, but in the end, you must make a recommendation based solely on the best interest of the child.
- Be knowledgeable about resources for children from violent homes and review the DHS case plan to ensure that services are provided for the children from violent homes.

As an Advocate:Make recommendations specific to what the children need:

- Positive role models and supportive environments that will help them develop social skills and address feelings about the violence in a constructive manner.
- Help adopting alternative, nonviolent ways to address and resolve conflict (through specialized counseling programs, therapy, domestic violence victim support groups, youth mediation training, and relationships with supportive mentors).

Make recommendations specifically for parents.

- Try to ensure that domestic violence victims are treated fairly by the legal system and not further blamed in child abuse/neglect proceedings.
- Advocate in your community for things like housing, emergency shelters, legal procedures, and court advocates that increase the safety of mothers and children and support the autonomy of the adult victim.
- Encourage parenting classes for battered parents focused on empowering them to become more effective parents and teaching them how to help children cope with the consequences of witnessing domestic violence.
- Advocate for treatment programs for batterers followed by parenting classes focused on how to parent in a non-coercive, non-intrusive manner.
- Be alert to any signs that domestic violence has recurred or that contact between the batterer and the victim is ongoing, if that might compromise the child's safety. **The foremost issue is the safety of the child.**

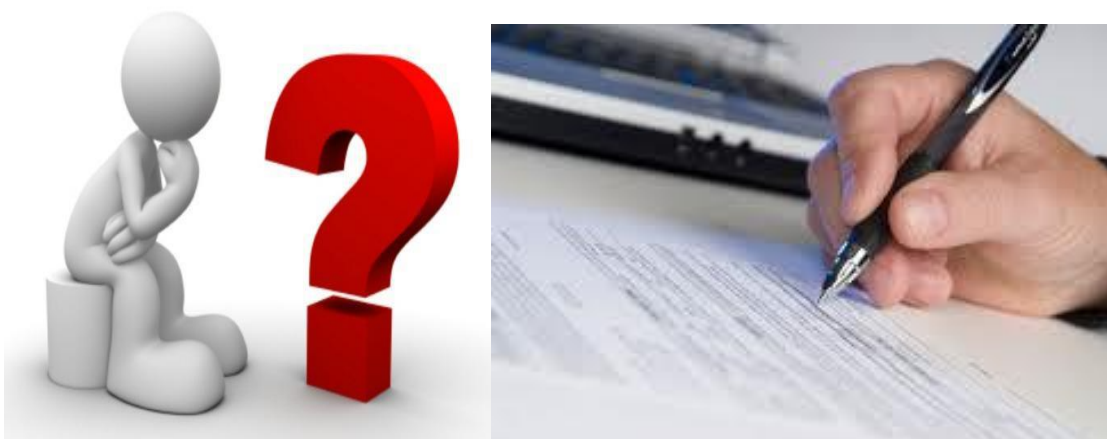
It is critical to understand that it is difficult to recommend reunification with our personal biases and experiences influencing our advocacy. Simultaneously we are obligated to continue to use the Minimum Sufficient Level of Care (MSLC) standard when making recommendations regarding the best interest of the child and permanency.

Activity: Understanding the Case Plan and Investigating Advocacy Issues related to the Major Factors that impact the family.

- Participants will review the case study documents.
- Discuss with a partner what major issues are present?
- Using the ***Advocate Action Plan*** under **Concerns**, add any concerns about the case and barriers present to meeting the case goals.

In the large group we will share our ideas and consider what additional services might be recommended.

- Under **Strengths** list additional strengths identified that are steps of accomplishment towards the successful resolution of the case issues.



Other Risk Factors may exist and may or may not be part of the DHS Case plan. These issues can impact and impair parental and family functioning.



Activity: Read through the list of different types of risk factors that could lead to child abuse and neglect and identify potential additional issues for the Myers family.

- Check any risk factors that might be present in the Myers family.
- Using your ***Advocate Action Plan***, outline those concerns in the ***Advocate Action Plan Concerns Section***.

In the large group we will share our ideas on additional risk factors that might need to be considered.

Stressors that Typically Impact Families

In Module 3 it was shared that just as all families have strengths, at some point all families encounter change, stress, and perhaps even crisis. We've already discussed poverty and the other prominent issues such as addictions, mental health issues and domestic violence that exist in many cases.

It is important to remember that the families you will encounter in your work as an Advocate, by definition, are under stress and are likely to be in crisis—if for no other reason than the state is now involved in determining whether their child remains with them at home.

In Module 3 you completed the “stress test” to assess your stress level. You will not be asked to share your results. You also determined the stress level for our case mother Amanda Myers.

Activity: As a group, let's discuss the following questions from the stress assessment:

- What was the resultant stress level?
- How many times could those “changes” have occurred in a given year? Did you multiply the value outlined for that change by the number of times it may have occurred?
- How many additional points would you give to having your child removed from your home by the child welfare system?
- How might understanding the stress level of a family affect your recommendations?
- Are there strengths or concerns you have for the Myers case related to their overall stress levels and life stressors that could be outlined in your **Advocate Action Plan: Strengths or Concerns** section?

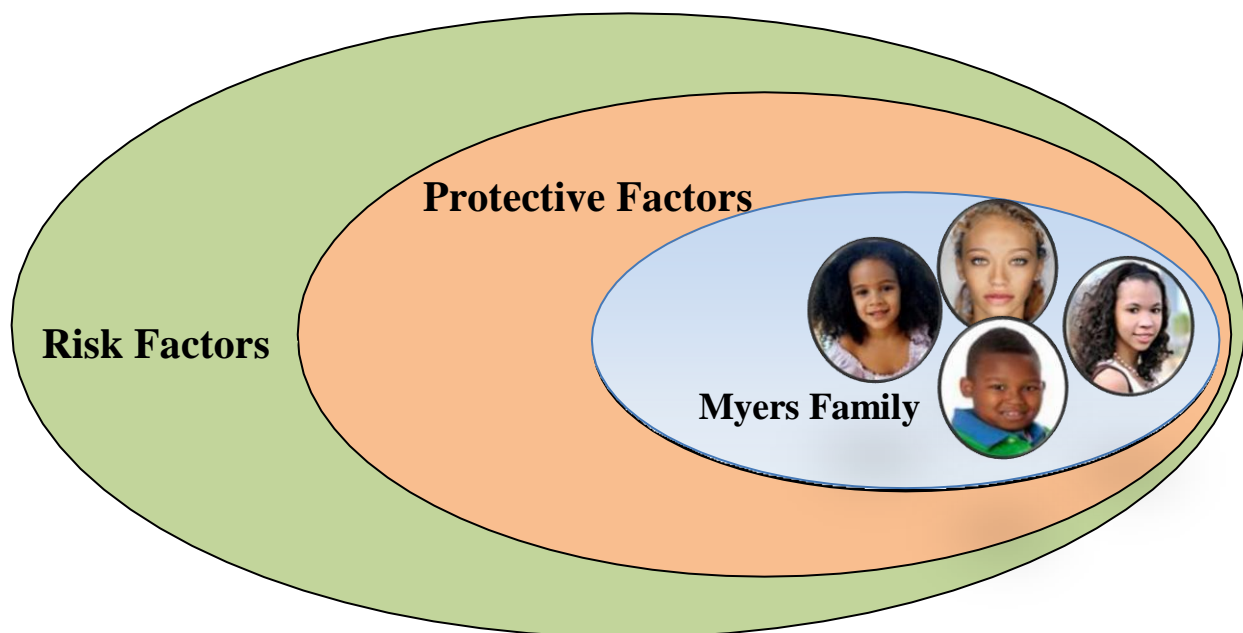


Gathering Objective Information

In order to be effective in our role, it is important to prepare in advance our plan regarding whom we gather information from and what type of information we may determine is important to inquire about from various parties.

Each case is unique and unfolds in its own way, requiring different information in order to meet the needs of a particular child. The work as a CASA Advocate—conducting interviews, gathering facts, writing reports, testifying in court, advocating for the child, monitoring the case—has a significant impact on the case outcome. Each piece is an important part of the Advocate's role.

The end product of the CASA work is the CASA Report to the Court. The foundation of the CASA role is to gather and share independently acquired objective information. Our thorough report that includes this information is given credibility by maintaining our objectivity in all parts of our role.



Making Observations

Being a CASA Advocate, you will be making observations and reporting those observations each month. Documentation of your observations should be fact-based. Let's practice finding the facts.

Activity –Making observations:

In small groups, look at the photos provided.

- What fact-based observations can you make about each picture?
- After determining the facts, record the behaviors and expressions that you believe indicate how the child is feeling. Compare your responses.
- Share a sample of your group's responses in the large group.

Picture 1:

Picture 2:

Picture 3:

Picture 4:

As an Advocate, remember when observing a child's development, keep these points in mind:

- There is a wide range of typical behavior, and at any particular age 25% of children will not have reached the behavior or skill, 50% will be showing it, and 25% will already have mastered it;
- Some behaviors may be typical—in the sense of predictable—responses to trauma, including the trauma of separation as well as abuse and neglect;
- Prenatal and postnatal influences may alter development;
- Other factors, including culture, current trends, and values, also influence what is defined as typical; and
- Advocates need to become aware of their own values, attitudes, and perceptions about what is typical in order to be more objective and culturally sensitive when assessing a child's needs.

Types of Considerations for Observations

Knowledge about how people communicate is important while gathering information from children. Some children can talk about their situations and their wishes, but other children do not have verbal and developmental skills sufficient to express their needs and wishes. Because the verbal skills of children vary, fact-based observations about a child are a vital part of a CASA Advocate investigation.

The following questions will help provide valuable information about a child:

- 1. What is the specific situation in which the child is operating?** What other activities are going on? What are the general expectations of the group at the moment and what is the general atmosphere of the room—calm, noisy, boisterous, quiet?
- 2. What is the child's approach to materials and activities?** Is the child slow in getting started or does he/she plunge right in? Does the child use materials in the usual way or does he/she use them in different ways, exploring them for the possibilities they offer?
- 3. How interested is the child in what he/she is doing?** Does the child seem intent on what he/she is doing or does the child seem more interested in what others are doing? How long is his/her concentration span? How often does he/she shift activities?
- 4. How much energy does the child use?** Does the child work at a fairly even pace or does he/she work in spurts of activity? Does the child use a great deal of energy in manipulating the materials, in body movements, or in talking?
- 5. What are the child's body movements like?** Does the child's body seem tense or relaxed? Are movements jerky, uncertain, or poorly coordinated?
- 6. What does the child say?** Does the child talk, sing, hum, or use nonsense words while he/she works? Does the child use sentences or single words? Does the child communicate with others using words or gestures?

- 7. What is the child's affect (visual emotions)?** What are the child's facial expressions? Does he/she appear frustrated? Happy?
- 8. How does the child get along with other children?** Does the child play alone, with only certain children, or with a variety of children? Is the child willing or unwilling to share toys? Does the child always initiate or always follow along with group ideas?
- 9. What kinds of changes are there from the beginning to the end of an activity?** Does the child's mood change during that period?
- 10. What is the child's relationship with you?**
- 11. What is the child's relationship with others: parents, caseworker, attorney, foster parents, etc.?**
- 12. What seems "different" or "troubling" about this child as compared with other children of the same age?**
- 13. Are there issues that you think should be checked out by a professional (vision, hearing, dental health, cognitive development, physical development, psychological development, etc.)?**

Adapted from "Assessing a Child's Welfare," Eunice Snyder, ACSW, and Keetje Ramo, ACSW, School of Social Work, Eastern Washington University, 1984

Practicing the Role: Successfully Gathering Information

Advocates need to gather information and ask questions. Effectively completing that work takes preparation regarding what questions the Advocate needs to ask and entails good note-taking. In addition, it requires consistently maintaining your objectivity.

Activity: Using the Advocate Action Plan which has been used throughout the training, we will practice the CASA role of gathering information and asking questions related to the parental and family issues in the Myers Case Study.

- In pairs, one person will practice asking questions as the Advocate related to **parental issues**. Their partner will answer those questions as a Case Study character.
- Participants will explore gathering additional information that has been identified in our strengths or concern areas, or provided in the ***Sample List of Questions Handout***.
- Each participant will have the opportunity to practice asking questions to gather additional information.



Preparing Your Questions

As an Advocate, you make initial contacts with the child, the parents, and the foster parents—in whatever order is most relevant to the case. In almost every case, the DHS case manager will be one of the first people you interview. You will also often include the child's teacher or childcare provider and the child's therapist (although this resource may not be part of your initial plan if the child has not been in therapy prior to coming into care). Each of these people may be an information source for more than one question. In planning your interviews, it is helpful to write down your questions so that you cover all of the topics that seem important for your investigation.

Keys to Good Note Taking

As an Advocate, you will gather information from many different sources during the course of your investigation and monitoring of a case. People and their stories run together. Facts can become cloudy, especially if the case is not heard in court immediately. It is vital that you keep accurate and thorough notes about the date and content of each case contact, whether it is a planned interview, an impromptu visit to a school, a phone call, or a review of a record. Following are important elements to include in your notes about each case contact:

- Person contacted
- Type of contact (telephone call, email, in-person conversation, review of record, etc.)
- Date and time
- Place (parent's home, job, jail, etc.)
- Factual observations
- Feelings expressed by those interviewed
- Facts gathered
- Summary of what happened
- Your plan of action
- Other person's plan of action
- Decisions

Ultimately, you will use your notes about information you gather to formulate recommendations regarding the child's best interest. Your written court report and testimony are the vehicles by which these recommendations are presented to the court. Clear, fact-based reports and recommendations will enhance the judge's ability to make good decisions about the child you represent.

Contact with Other Parties

Things to consider regarding Contact with Children

- Prepare child's statement to the court. Ask child directly (if age appropriate) or provide a written statement. Is there anything you want me to tell the judge?" If child says, "I want to talk to judge." Tell child "I'll talk to someone about that." Tell coordinator and this process will be further outlined.
- Never address the allegations of abuse with the child.
- Remember to be age appropriate and sensitive to the amount and adult nature of information that others may have shared with the child in the past.

Things to consider regarding Contact with Parents

- Do not use tape recorder during interview. Can take notes or not. Be careful what is written down in front of them. Need to be able to show parent if asked.
- Can keep first visit short. Tell them on the phone "I can't stay for long. I'll just be visiting for about 15 minutes", especially if concerned about safety. Being respectful and still building rapport.
- Can go with an in-home provider but do this only as needed.
- They may not be happy about another person being involved in their lives. Explain your role, make sure they understand that you are a volunteer advocate, not part of DHS, and you are serving for the best interest of their children. Advocates have said that their experiences with parents have been different. Some positive, some negative, some very difficult to get information.
- Something that may help is asking "Why do you think DHS is involved in your life?" Remind parent what they need to be doing according to the CPP, & direct them to DHS or their attorney. Put in report and their response. Can do this nonchalantly or matter-of-factly, "How are you doing on that?"
- Advocate should inquire if parent understands what the expectations of the court are for them to be successful and to meet permanency goal. If they do not, this should be shared with DHS, parent's attorney.
- Don't forget about fathers: Keep asking "Where is dad?"
- If parents ask for things (money), or you recognize a need, CASA cannot provide that, or meet that need. We can share with others resources we found that may be available and it is their role to offer that resource to the family.
- Frequency of contact based on permanency goal
- Can do unannounced visits if appropriate; determined based on the case specifics.

Interviewing the DHS Caseworker

- They often give you the most up to date info
- Contact with DHS needs to be done in the beginning of getting assigned to the case
- Check in with DHS regularly to gather new information; frequency determined by the issues of the case
- Discuss what advocate should do, and what coordinator will help with, if the advocate does not get a response from DHS after attempting to contact them.
- May need to explain your role in more detail
- Caution with emailing content to DHS as this can be printed off and included in DHS report to court.
- Every worker may have different styles, so how we interact with them will vary.

Regarding Foster Parents

- Gather info do not share
- Be respectful of foster parents' schedule. But if concerned, can do an unannounced visit with coordinator/coach approval.

Regarding School Teachers

- Teachers and other school personnel are fantastic sources of information. It is important that necessary court orders are provided so they are comfortable sharing information with the advocate. Advocates are a sponge- we gather information, do not share or do.

Other notes of importance.....

- An Advocate will never send any correspondences/letters without coordinator involved – any formal correspondence put on letterhead and copy of letter placed in file.
- Limit e-mail. If do, cc coordinator. Have CASA forward any response to coordinator/coach. Emails can be printed and forwarded. If they are necessary, they should be fact based and not include assessments.
- DHS – 1st call: Introduce self, give phone number, and get his /her perspective/advice. Ask if there is anything you can do to help her/him. Get any missing contact information (names, addresses, phone numbers). Don't tell people what to do, but use the words, "Can we...?"
- Advocate calls DHS, GAL and attorneys monthly to update. OK to leave on voice mail "No need to call me, but feel free if you have any questions or concerns."
- Therapists – Critical to talk to them. Don't need nitty-gritty of what is discussed in therapy.
 - 1) Are they going? How often? How many times have they been to therapy?
 - 2) "Do you have any concerns about how client is doing?"
 - 3) Are they making progress?
 - Talking to Attorneys – Dad and mom's attorney –just talk about them, not the child. GAL – can talk about parents & child
 - For the Advocate--Don't feel bad about "bothering" the coordinator/coach. We expect a lot of phone calls or e-mails at first.

Volunteer Safety

This program is highly invested in keeping you—the CASA Advocate—safe. If you ever have a question or concern about the safety of any aspect of your work, or if you feel apprehensive or fearful, you should immediately consult with your Local Coordinator. Your Local Coordinator holds the responsibility of determining safety issues based on the case circumstances and how to address any potential safety concerns.

The safety tips below are mostly common sense and good advice whether you are doing CASA volunteer work or not.

- Tell someone where you'll be, how long you'll be there, and when you expect to return. If plans change, call and let that person know.
- Think ahead. Know the situation and know where you're going in order to look confident.
- Be aware of the immediate area.
- Be respectful of the neighborhoods and homes you are entering, but keep safe.
- Travel in pairs if necessary. Ask that your Coach accompany you.
- If you or your local coordinator would question whether an individual is safe to meet with, arrange to meet in a public place, in their attorney's office, at the DHS building, in the Court conference room, at the CASA Office, etc.
- Avoid carrying a bag.
- Do not wear expensive jewelry.
- Trust your instincts. If you are uncomfortable, take protective action—walk away. Don't react; visit briefly, make up a typical excuse, i.e. another appointment, and leave the premises.
- Don't share personal information about yourself or your family.
- Do not "friend" individuals involved in your case on Facebook.
- All correspondence and communication should flow through the CASA program staff with, at a minimum, a courtesy copy for emails to the coordinator.
- If you witness or see signs of illegal activity, remove yourself from the situation and contact the police
- Regardless of whether a volunteer possesses a non-professional concealed weapons permit, volunteers for the CASA program may not possess a weapon at any time while conducting any work within the scope of CASA duties. This includes possession of firearms, electroshock weapons, knives, explosives and any chemical whose purpose is to cause harm to another person.

Monthly Advocate Update & Other Duties

As an Advocate:

In addition to completing a CASA report to the Court for hearings, your Coordinator or CASA Coach will ask that you submit a monthly report, detailing the work you've done on the case each month. The report is an electronic document which can be sent via email to your Coordinator/CASA Coach. The monthly report is structured such that you will be able to pull information directly from the monthly update for your Court Report.

Please see the *Monthly Advocate Update* Handout to learn what types of information you'll be asked to gather each month.

You will be maintaining regular contact with your Coordinator/CASA Coach about your work and the progress of the case. If you are assigned a CASA Coach, your coach is then responsible to have monthly contact with your coordinator about your case and your work.

There are additional duties that will be explored more in Module 6 that includes submitting your donated hours and miles every month and completing ongoing CASA trainings throughout the year.

Monthly Duties



CASA Reports and Recommendations for Permanency Hearing

Each hearing is critical in the life of the child. Our reports are expected to be submitted on time so all parties have a chance to read the report and address any issues in time to come to court prepared. We never want our report to get to court late and have that be the basis why the hearing must be continued. The result of delaying a hearing is not what is best for children: The delay of having permanency in their life.

The Permanency hearing must be held no later than at 12 months after a child has been removed from the home. In Iowa this may be done at the Judge's discretion at 6 months if the child is under the age of 4. At this hearing, the judge must decide if it's likely the children will return home or if the Court and DHS need to focus on the concurrent plan.

The judge can choose one of the following options from the Iowa Code 232.104:

1. Return the child home
2. Current placement for 6 additional months
3. Termination of Parental Rights (*with the goal of adoption*).
4. Transfer guardianship and custody to a suitable person (*Relatives*)
5. Transfer sole custody from one parent to another parent.
6. Transfer custody to a suitable person for the purpose of long term care, such as with a relative
7. Another Planned Permanent Living Arrangement (APPLA) if compelling reasons that other options are not in the child's best interest have been documented to the court's satisfaction. This permanency option is not allowed for youth under 16.

If reunification is not possible at the time of the hearing, but looks favorable, the court can find "compelling reasons" to give an extension of 6 more months for reunification to occur. A permanency order that is based on #2 must enumerate the specific factors, conditions, or expected behavioral changes which comprise the basis for that determination that will no longer exist at the end of the additional 6 month period.

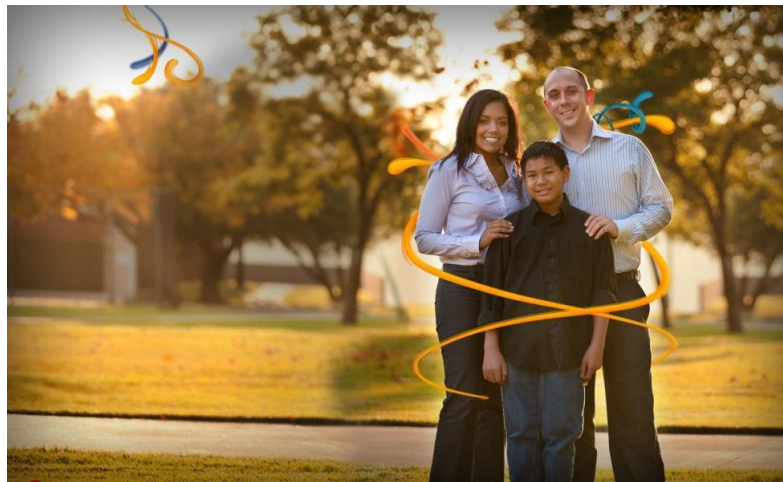
If termination of parental rights is not in the child's best interest, the judge can order the establishment of a Guardianship with a relative or other appropriate caregiver.

Permanency Options and the Critical Role of Foster Parents

When considering permanency options for children it is important to remember that foster care is meant to be a temporary solution to help families reunite, not a long term placement option for children.

“The primary goal of foster care is to reunite the child with his or her family. If that cannot happen, another permanent plan is carried out. Foster parents must help children and their parents reach this goal: *“Foster parenting then, is not a lifetime commitment to a child or teen, but a commitment to be meaningful to a child’s lifetime.* Foster family care usually means families helping families.”

E. M. Paszior, *Preparation for Foster: Preservice Education for Foster Families. A Training Manual* (Ft. Lauderdale, Florida: Nova University, revised 1983)



Advocates are to be objective about what is the best interest of children. The system starts with the premise that children do best if they can be reunified with their biological family. The standard used to assess this is Minimum Sufficient Level of Care and it is often not the optimal level or what is provided in foster care.

Activity: Discuss the following questions.

- What are the stereotypes of Foster Families?
- What is the reality of foster care?

Why the Minimum Sufficient Level of Care (MSLC) Standard Is Important

Children grow up best in families. To develop into functional, emotionally stable adults, they need that unique sense of belonging that comes from being part of a family. Children need the safety net that only the unconditional acceptance of family can provide. They need the knowledge of and connection to their cultural/ethnic heritage that is learned within the family.

Adapted from *Beyond Rhetoric: A New American Agenda for Children and Families*,
National Commission on Children, Government Printing Office, 1991.

As an Advocate, you start with the assumption that a child's family is usually the best setting for raising and nurturing that child as long as the child's family meets, or can be helped to meet, the minimum sufficient level of care required for the safety of that child. As already discussed, a minimum sufficient level of care (MSLC) means that all basic needs are met and the child is not harmed physically, sexually, or emotionally. The state intervenes when basic needs are not met—not when a family is unable or unwilling to provide an optimal level of care.

In considering what the minimum sufficient level of care is for any one child, it is important to remember the key parameters of this standard:

1. It relates to a particular child.
2. It is a set of minimum conditions, not an ideal situation.
3. It is a relative standard, depending on the child's needs, social standards, and community standards. It will not be the same for every family or every child in a particular family.
4. It remains the same when considering reunification as when considering removal.

This standard for families is often difficult for Advocates to embrace. It feels counterintuitive, as though it defies common sense. You may be tempted to ask, "Wouldn't any child be better off in a family without the limitations that are present in this situation?" The truth is that most would not. The overwhelming sense of loss that children suffer when removed from their homes—loss of love, of security, of the familiar, of their heritage, of control in their lives; feelings of worthlessness; and the almost unendurable pain of separation—is terribly painful for most children. Despite the bad things that have happened in their lives, most children in the system love their families and want desperately to be reunited with them.

If parenting hovers at the minimum sufficient level of care, the child protective services system and the court likely will not get involved. If the child's basic needs are not being met and/or the child is being abused, the child protective services system steps in. Once the system has intervened, the responsibilities of the parent (e.g., to seek substance abuse treatment or learn parenting skills) and those of the child protective services agency (e.g., to provide visitation, arrange counseling, etc.) are spelled out in agreements that are enforced by court orders.

Ideally, these agreements will help the parent move at least to a minimum sufficient level of care. The steps in these agreements with parents need to be small and measurable. Appropriate resources need to be available to support changes that the parent makes. If the steps are too big or complex, the parent may give up, causing the family situation to deteriorate and the child to lose the chance to ever return home. If the steps are not measurable, success cannot be determined.

For example, a parent can "attend parenting classes" for six months without ever making a change in behavior. If the agreement specifies that the parents are "able to describe and apply five ways to discipline their child without spanking," both the parents and any observer will be able to tell whether the task gets accomplished.

As an Advocate, you should routinely ask the question of parents and DHS case managers:

- "How will you know when this requirement is met?" and
- "What will it look like when the family has demonstrated success and a child can be returned home?"





Evaluation Module 5

Please complete this evaluation of the fifth pre-service training module. Did you learn what was intended? (6 is high and 1 is low)

Learning Outcomes	Ratings					
	6	5	4	3	2	1
1. Describe how the child welfare system uses family strengths and resources to build upon when addressing issues						
2. Identify and analyze my own values and recognize the need to be objective.						
3. Recognize how major factors that impact family culture are risk factors for children, for abuse and neglect of children.						
4. Develop a plan to gather information on a case.						
5. Practice outlining key features of family and individual strengths, case concerns, and recommendations for preliminary CASA Report to the Court.						
6. The content of this session was						
7. The notebook materials were						
8. The activities were						
9. The facilitator was						
10. Overall, I rate this session						

10. What was the most valuable to you?

11. Is there anything we could improve or do differently?

Name _____ Date _____

Thank you for your participation and feedback!